

COHORT PRESENTATION I: PULMONARY or EXTRAPULMONARY TB

Name: _____ Date: _____ Cohort Date _____

1. _____ year-old _____ {male/female} born in _____ {country} Year of arrival US _____.
HIV {+ / - / refused / unknown}

2A. Pulmonary	2B. Extrapulmonary
<input type="checkbox"/> Pulmonary TB Sputum smear positive: [+ , - , not done] Sputum Culture [+ , - , not done] Date first positive sputum culture _____ Sputum culture conversion _____ <input type="checkbox"/> Pansensitive or <input type="checkbox"/> resistant to _____ <input type="checkbox"/> Cavitary or <input type="checkbox"/> (Abnormal) Non-Cavity or <input type="checkbox"/> Normal CXR Date assigned: _____ Date interviewed: _____ <input type="checkbox"/> Clinical diagnosis/provider diagnosis	<input type="checkbox"/> Extrapulmonary site: _____ Culture [+ , - , not done] source _____ <input checked="" type="checkbox"/> Pansensitive or <input type="checkbox"/> resistant to _____ Date assigned _____ Date interviewed _____ <input type="checkbox"/> Clinical Diagnosis/provider diagnosis

- 3a. ☒ Completed therapy or ☒ Still taking TB medications. Has completed _____ months of tx. ☐ Expected to complete _____ (date)
 (Did not complete:) Why? _____
If case is a child 18 years old or under: ☒ Source identified? _____

4. Clinical Data: Initial phase

Medication Dose Frequency Start Date Stop Date # of Doses// # Doses DOT

INH		QD X 5 Days week QD X 7 days week			
Rifampin					
EMB					
PZA					

Continuation Phase:

INH					
Rifampin					

5. Results of lab test, follow up cultures, x-rays:

6. Other pertinent health data:

7. Incentives and enablers used

8. Barriers to successful treatment

9. Contacts

1a. Number of Contacts		6. Number Completing LTBI Treatment	
1b. Number of Non-Contacts		7. Reasons for Not Completing LTBI Tx:	
2. Evaluated		Death	
3. Active TB Disease		Contact Moved (Follow up unknown)	
4. Latent TB Infection		Active TB Developed	
5. Started LTBI Treatment*		Adverse Effect of Medicine	
		Contact Chose to Stop	
		Contact is Lost to Follow-up	
		Provider Decision	

10a. Date contact investigation initiated:_____ 10b. Employed? Yes or No (circle)

Contact investigation at worksite? Yes or No (circle) Results:

10c *For people who have started on LTBI medication, please list their names. If it is a larger number of people, please attach list.

11. UDOH TB Program Comments/recommendations:

Definitions for Completing the ‘CONTACTS’ Section of Cohort Review Form

1a. **Number of Contacts.** Contacts that met the following criteria:

- i) the local health dept (LHD) believed the person was exposed to TB, warranting an evaluation;
- ii) enough identifying information was available to enable contacting the person.

1b. **Number of Non-Contacts.** “Contacts” that the LHD was compelled to evaluate, even if these individuals were probably not exposed to the index case of TB under investigation. Do not include these individuals in the count below; data about any LTBI treatment can be reported in the Monthly TB Activity Report.

2. **Evaluated.** Count contacts only after the final TST has been read and, if positive, until ATBD has been excluded. DO count contacts with TB disease or LTBI *already diagnosed before the CI* in this category, but do not include these cases in the ATBD/LTBI case count below. If these previously-diagnosed contacts were treated for LTBI, record data on the Monthly TB Activity Report.

3. **TB Disease.** Only include cases *initially discovered* as part of the CI. Do not include: (a) ATBD that developed after LTBI was diagnosed during the CI; (b) old TB cases already treated or spontaneously healed; (c) ATBD discovered coincidentally (not because of the CI).

4. **Latent TB Infection.** Contacts with LTBI diagnosed because of the current CI.

5. **Started LTBI Treatment.** Count contacts with LTBI in this category after the first dose of a planned full treatment course for LTBI is taken. **Window-period treatment:** Do **not** count contacts receiving treatment pending a second TST unless LTBI is finally diagnosed and counted for the report.

6. **Completed LTBI Treatment** The following criteria are required for counting under this category:

- i) the prescribing provider, believing that an adequate regimen had been received, discontinued tx;
- ii) the contact had taken at least 80% of the prescribed doses in the selected regimen;
- iii) the treatment was finished within a period of 150% of the selected duration of therapy.

7. **Reasons LTBI Treatment Not Completed**

Death. Contacts who were receiving treatment on schedule but died before completion of treatment.

Contact Moved (follow-up unknown). Contacts who moved and follow-up information was unavailable.

Active TB Developed. Contacts receiving treatment for LTBI who developed ATBD.

Adverse Effect of Medicine. Contacts who did not complete treatment because of an adverse effect (including drug or drug-food interactions) of the anti-TB medication **if a health care provider documents the problem and determines that the medicine should be discontinued.**

Contact Chose to Stop. Contacts who decided to stop taking their medicine before they had finished their regimen, **and** a health care provider had not determined that the medicine should be discontinued for a medical reason.

Contact is Lost to Follow-up. Contacts whose treatment status at the anticipated end of the treatment regimen was incomplete or indeterminate because the LHD could not locate them to determine a more specific outcome.

Provider Decision. A health care provider determined that the treatment for LTBI should be stopped because of concerns about the benefits, safety, or practicality of treatment, eg a contact had such erratic attendance at the clinic that the adequacy and safety of the treatment could not be monitored.